

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Americans for New Leadership

ADDRESS (number and street)

PO Box 80252

☐Check if different
than previously
reported. (ACC)

Las Vegas

NV

89180

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00485821

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of

NV

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Chris Marston

Signature of Treasurer

Electronically Filed by Chris Marston

Date

1 0

2 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 44

Write or Type Committee Name
Americans for New Leadership

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010^{Y Y Y}</div>		0.00
(b) Cash on Hand at Beginning of Reporting Period	201169.85	
(c) Total Receipts (from Line 19)	35186.00	1195694.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	236355.85	1195694.00
7. Total Disbursements (from Line 31)	153764.25	1113102.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82591.60	82591.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Americans for New Leadership

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11445.00	443257.00
(ii) Unitemized	23741.00	752437.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35186.00	1195694.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35186.00	1195694.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35186.00	1195694.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35186.00	1195694.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	149062.25	914101.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	149062.25	914101.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	4702.00	199000.53
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153764.25	1113102.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153764.25	1113102.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	35186.00	1195694.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35186.00	1195694.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	149062.25	914101.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	149062.25	914101.87

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

MICHAEL BARNES

Mailing Address P.O. BOX 163557

City

FORT WORTH

State

TX

Zip Code

76161-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer
DYNCORP INTN'L

Occupation

CONTRACT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: SA11.21167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KLAUS BECKMANN

Mailing Address P.O. BOX 167

City

AMSTERDAM

State

NY

Zip Code

12010-0167

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: SA11.21214

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

VIRGINIA BEST

Mailing Address 14130 EAST PALOMINO DRIVE

City

SOUTHWEST RANCHES

State

FL

Zip Code

33330-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOPEZ & BEST

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: SA11.21072

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

MIKE BINDER

Mailing Address 11812 SAN VICENTE

City

LOS ANGELES

State

CA

Zip Code

90049-5022

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11.21132

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARY BLUE

Mailing Address 3924 CHARING CROSS CT

City

NORMAN

State

OK

Zip Code

73072-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.21069

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID CRIPPEN

Mailing Address 2831 SOUTHFIELD DRIVE

City

BEAVERCREEK

State

OH

Zip Code

45434-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREENTREE GROUPOccupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.21014

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MONTY DAVIS

Mailing Address 19827 CYPRESS CHURCH RD

City State Zip Code
CYPRESS TX 77433-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORE LAB LP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.20985

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TIMOTHY ERNEST DOCTER

Mailing Address 7778 BOCA RATON DRIVE

City State Zip Code
LAS VEGAS NV 89113-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
CIVIL ENGINEERR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
EDIE DOWDLE

Mailing Address 219 HUCKLEBERRY HILLS RD.

City State Zip Code
COLUMBUS MS 39705-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21266

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

NANCY H. ESHELMAN

Mailing Address 2119 SARAH STREET

City

PITTSBURGH

State

PA

Zip Code

15203-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
STO ROX SCHOOL DISTRICT

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.20956

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CATHERINE C. GREENLAW

Mailing Address 904 E SOUTH ST

City

LINDALE

State

TX

Zip Code

75771-3388

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.20965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT HANLEY

Mailing Address 6819 MONERO DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.A. COUNTY SHERIFFS' DEP-
T.

Occupation
RET. SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.20825

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

SCOTT JARRETT

Mailing Address 9456 DOUBLE R BLVD SUITE A

City

RENO

State

NV

Zip Code

89521-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA ENDODONTICS

Occupation

ENDODONTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.21186

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HARRISON JOHNSTON

Mailing Address 11309 EMPIRE LAKES DRIVE

City

RALEIGH

State

NC

Zip Code

27617-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21285

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LUETTA JOHNSTON

Mailing Address 11309 EMPIRE LAKES DR

City

RALEIGH

State

NC

Zip Code

27617-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21284

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
GLEN KELLEY

Mailing Address P.O. BOX 218350

City State Zip Code
HOUSTON TX 77218-8350

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATWOOD OCEANICS

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.21171

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HENRY W.E. KLOPPING

Mailing Address 1411 WASHO DRIVE

City State Zip Code
FREMONT CA 94539-6658

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF CALIFORNIA

Occupation
SCHOOL SUPERINTENDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21223

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
STUART LERWICK

Mailing Address 518 UPLAND ROAD

City State Zip Code
MEDINA WA 98039-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.20716

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

WILLIAM LOAN

Mailing Address 9542 WINSOME LANE

City

HOUSTON

State

TX

Zip Code

77063-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHELIN NORTH AMERICAOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Transaction ID: SA11.21131

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GARY LOCKE

Mailing Address 2602 BOOGER HILL ROAD

City

DANIELSVILLE

State

GA

Zip Code

30633-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
USN/STATE OF GEORGIAOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Transaction ID: SA11.21298

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN MCCLURE

Mailing Address 101 SHAN HILL LN

City

BOYCE

State

VA

Zip Code

22620-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Transaction ID: SA11.21302

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

TOM MCCLURE

Mailing Address 3415 BRIDGE MILL CT

City

NORCROSS

State

GA

Zip Code

30092-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOM MCCLURE OPTICAL SALES

Occupation

MANUFACTURERS REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EDWARD MELENDEZ

Mailing Address 8800 SOMERSET BLVD

City

PARAMOUNT

State

CA

Zip Code

90723-4659

FEC ID number of contributing
federal political committee.

C

Name of Employer

EHA FM INC

Occupation

MGR ENG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21237

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAMES MIDGLEY

Mailing Address 2608 STONE CREEK

City

PLANO

State

TX

Zip Code

75075-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTD

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.20715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

TILLMAN MARION MOORE

Mailing Address 909 MARINE DR.

City

BELLINGHAM

State

WA

Zip Code

98225-8462

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL DIRECTOR

Occupation

PACIFIC COAST TISSUE BANK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.21009

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PAUL MURPHY

Mailing Address 10706 BIRCH BLUFF AVE

City

SAN DIEGO

State

CA

Zip Code

92131-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21182

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LORNA CHRISTINE PANELLI

Mailing Address 14656 STONERIDGE DRIVE

City

SARATOGA

State

CA

Zip Code

95070-5743

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21232

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

SANFORD PASSER

Mailing Address 1001 W 13 MILE RD

City

MADISON HEIGHTS

State

MI

Zip Code

48071-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ATTORNEY/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21313

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DAVID QUINLAN

Mailing Address N4404 LAKESHORE DR

City

KEWAUNEE

State

WI

Zip Code

54216-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.21062

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GERALD RAMSEY

Mailing Address 6300 RICHMOND PLACE

City

NORFOLK

State

VA

Zip Code

23508-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
INSTANT SYSTEMS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.20969

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City

WASHINGTON

State

MD

Zip Code

20816-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.21319

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GRANT SAVIERS

Mailing Address 1920 4TH AVE #2703

City

SEATTLE

State

WA

Zip Code

98101-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: SA11.21242

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICHAEL SCHAFFER

Mailing Address 3200 E LONGVIEW AVE

City

BLOOMINGTON

State

IN

Zip Code

47408-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CAMPAIGN CENTER

Occupation
PROFESSIONAL FUNDRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: SA11.20970

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

MICHAEL SCHAFER

Mailing Address 3200 E LONGVIEW AVE

City

BLOOMINGTON

State

IN

Zip Code

47408-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CAMPAIGN CENTER

Occupation

PROFESSIONAL FUNDRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11.21116

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

TIM SHANLEY

Mailing Address 740 SOUTH PINE CREEK ROAD

City

FAIRFIELD

State

CT

Zip Code

06824-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOCUS BRANDS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.20824

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

STUART SIMON-ROSENTHAL

Mailing Address 2600 NE 14TH STREET CAUSEWAY

City

POMPANO BEACH

State

FL

Zip Code

33062-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer
STUART S ROSENTHAL, P.A.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: SA11.20744

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
LINDON L. SMITH

Mailing Address 28406 QUADRILLE LANE

City State Zip Code
BOERNE TX 78015-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ENERGY INDUSTRY CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21183

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MICHAEL DAVID SMITH

Mailing Address 3400 BENEVA RD

City State Zip Code
SARASOTA FL 34232-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.21203

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JAMES SPEIGHTS

Mailing Address 7940 FLOYD CURL

City State Zip Code
SAN ANTONIO TX 78229-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11.21127

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

AVIS SPIES

Mailing Address 60 HEYBURN RD

City

CHADDS FORD

State

PA

Zip Code

19317-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.20886

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WILLIAM SQUIRE

Mailing Address 39523 VIA MONTALVO

City

MURRIETA

State

CA

Zip Code

92563-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11.21133

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARLIN SUMMERS

Mailing Address P.O. BOX 12296

City

LA CRESCENTA

State

CA

Zip Code

91224-0996

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11.20837

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
BROOKE SUTTON

Mailing Address 320 CHRISTINA DR

City State Zip Code
LANDER WY 82520-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN DENTAL PC

Occupation
FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11.20742

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BARBARA TALBOTT

Mailing Address 5701 MERRYWING CIRCLE

City State Zip Code
AUSTIN TX 78730-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.20714

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
A.R. TANDY

Mailing Address 3346 E 109 ST

City State Zip Code
TULSA OK 74137-6605

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11.21147

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
VINCENT TESTACCIO

Mailing Address 325 DEMOREST AVE

City State Zip Code
STATEN ISLAND NY 10314-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC HOUSING AUTHORITY

Occupation
CARPENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.21172

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ROD TRUMAN

Mailing Address 2124 WATERBURY LANE

City State Zip Code
LAS VEGAS NV 89134-0387

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRULINE CORPORATION

Occupation
H.R. MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.21168

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KAREN WESTOVER

Mailing Address 250 SOUTH DIANTHUS

City State Zip Code
MANHATTAN BEACH CA 90266-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11.21013

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JAMES WOODY

Mailing Address 325 SHARON PARK DR

City

MENLO PARK

State

CA

Zip Code

94025-6805

FEC ID number of contributing
federal political committee.

C

Name of Employer
JNW LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11.21176

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GEORGE YOUNG

Mailing Address 1320 S UNIVERSITY DRIVE SUITE 400

City

FORT WORTH

State

TX

Zip Code

76107-5764

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

CORP OFFICER AND INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11.21239

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

11445.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
KELSEY CARLSON

Mailing Address 7627 RISING PORT AVENUE

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.7

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
JESSICA CYBULSKI

Mailing Address 3311 S RAINBOW BLVD STE 139

City LAS VEGAS State NV Zip Code 89146

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.8

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)
RON FUTRELL

Mailing Address 11417 PERUGINO DR

City LAS VEGAS State NV Zip Code 89138

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.9

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional)

4450.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) JENNIFER HARRINGTON			Transaction ID: SB.10 Date of Disbursement 10 / 01 / 2010	
	Mailing Address 9465 W. POST ROAD #2048				
	City LAS VEGAS	State NV	Zip Code 89148	Amount of Each Disbursement this Period 3500.00	
	Purpose of Disbursement SALARY		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) BRENT HUSSON			Transaction ID: SB.1 Date of Disbursement 10 / 01 / 2010	
	Mailing Address 3159 TONYRAM CIRCLE				
	City LAS VEGAS	State NV	Zip Code 89146	Amount of Each Disbursement this Period 10000.00	
	Purpose of Disbursement POLITICAL CONSULTING		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) DAVID JOSEPH MCGOWAN			Transaction ID: SB.48 Date of Disbursement 10 / 11 / 2010	
	Mailing Address 374 TEIRRA STREET				
	City HENDERSON	State NV	Zip Code 89014	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement VOLUNTEER & EVENT CONSULTING		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
DAVID JOSEPH MCGOWAN

Mailing Address 374 TEIRRA STREET

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement
SIGN MAKING SUPPLIES - REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.49

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

25.43

B.

Full Name (Last, First, Middle Initial)
3 NUTS, INC.

Mailing Address 6045 HARRISON DR STE 6

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement
T-SHIRT PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.56

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

627.20

C.

Full Name (Last, First, Middle Initial)
AMERICAN VISION

Mailing Address 645 ALWICK AVE

City W ISLIP State NY Zip Code 11795

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.29

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

153.32

SUBTOTAL of Disbursements This Page (optional)

805.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
AMERICAN VISION

Mailing Address 645 ALWICK AVE

City State Zip Code
W ISLIP NY 11795

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.80

B.

Full Name (Last, First, Middle Initial)
BIZ-GOODS

Mailing Address 6655 S. TENAYA WAY, STE 150

City State Zip Code
LAS VEGAS NV 89113

Purpose of Disbursement
LIBERTY SIGNAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

480.00

C.

Full Name (Last, First, Middle Initial)
BIZ-GOODS

Mailing Address 6655 S. TENAYA WAY, STE 150

City State Zip Code
LAS VEGAS NV 89113

Purpose of Disbursement
FORD ESCAPE LIBERTY.COM WRAP

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2493.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
BRENT HUSSON

Mailing Address 3159 TONYRAM CIRCLE

City LAS VEGAS State NV Zip Code 89146

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.60

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.27

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

684.50

C.

Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.28

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2381.03

SUBTOTAL of Disbursements This Page (optional)

6565.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) CHRISTIAN WORLDVIEW COMMUNICATIONS, LLC	Transaction ID: SB.31 Date of Disbursement
Mailing Address 457 NATHAN DEAL BLVD	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>23.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHRISTIAN WORLDVIEW COMMUNICATIONS, LLC	Transaction ID: SB.34 Date of Disbursement
Mailing Address 457 NATHAN DEAL BLVD	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>3.07</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.18 Date of Disbursement
Mailing Address 7704 LEESBURG PIKE	<div> <div>10</div> <div>04</div> <div>2010</div> </div>
City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN SOFTWARE SUBSCRIPTION	<div>800.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

826.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) COX COMMUNICATIONS</p> <p>Mailing Address 750 N RANCHO DRIVE</p> <p>City LAS VEGAS State NV Zip Code 89106</p> <p>Purpose of Disbursement CABLE & INTERNET BILL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.44</p> <p>Date of Disbursement</p> <p>10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>490.38</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ENTERPRISE RENT-A-CAR</p> <p>Mailing Address 600 CORPORATE PARK DRIVE</p> <p>City ST. LOUIS State MO Zip Code 63105</p> <p>Purpose of Disbursement TRANSPORATION EXPENSE - DELAWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.22</p> <p>Date of Disbursement</p> <p>10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>138.80</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ENTERPRISE RENT-A-CAR</p> <p>Mailing Address 600 CORPORATE PARK DRIVE</p> <p>City ST. LOUIS State MO Zip Code 63105</p> <p>Purpose of Disbursement TRANSPORATION EXPENSE - DELAWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.4</p> <p>Date of Disbursement</p> <p>10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>417.55</p>

SUBTOTAL of Disbursements This Page (optional)

1046.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) EXXON MOBIL	Transaction ID: SB.13 Date of Disbursement
Mailing Address 5959 LAS COLINAS BLVD	<div> <div>10</div> <div>02</div> <div>2010</div> </div>
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period
Purpose of Disbursement BUSINESS TRAVEL EXPENSE - GAS	<div>30.62</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.14 Date of Disbursement
Mailing Address 156 UNIVERSITY AVE	<div> <div>10</div> <div>02</div> <div>2010</div> </div>
City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period
Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	<div>30.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.23 Date of Disbursement
Mailing Address 156 UNIVERSITY AVE	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period
Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	<div>30.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

90.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 156 UNIVERSITY AVE

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement
LIBERTY.COM PROMOTIONAL ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.38

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 156 UNIVERSITY AVE

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement
LIBERTY.COM PROMOTIONAL ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.41

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
FFE ADVENTAS

Mailing Address 8945 W. RUSSELL ROAD, SUITE 310

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement
RADIO SPOT BUYS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.58

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional)

7060.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.30 Date of Disbursement
Mailing Address 18 SANCTUARY TRAIL	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 7 / 2 0 1 0</div> </div>
City MISSOURI CITY State TX Zip Code 77459 Purpose of Disbursement E-MAIL LIST RENTAL Candidate Name	Amount of Each Disbursement this Period <div>15.33</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.61 Date of Disbursement
Mailing Address 10440 N CENTRAL EXPWY SUITE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75231 Purpose of Disbursement TRAVEL/LODGING EXPENSE Candidate Name	Amount of Each Disbursement this Period <div>223.77</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.62 Date of Disbursement
Mailing Address 10440 N CENTRAL EXPWY SUITE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75231 Purpose of Disbursement TRAVEL/LODGING EXPENSE Candidate Name	Amount of Each Disbursement this Period <div>230.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

469.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.63 Date of Disbursement
Mailing Address 10440 N. CENTRAL EXPWY SUITE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/LODGING EXPENSE	<div>266.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.64 Date of Disbursement
Mailing Address 10440 N CENTRAL EXPWY SUITE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/LODGING EXPENSE	<div>282.36</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.65 Date of Disbursement
Mailing Address 10440 N CENTRAL EXPWY SUITE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/LODGING EXPENSE	<div>313.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

862.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) LAS VEGAS COLOR	Transaction ID: SB.2 Date of Disbursement
Mailing Address 4265 WEST SUNSET ROAD	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89118	Amount of Each Disbursement this Period
Purpose of Disbursement ANL DONATION CARDS & ENVELOPES Candidate Name	<div>877.92</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NEVER LATE PRINTING, LLC	Transaction ID: SB.57 Date of Disbursement
Mailing Address 3880 SCHIFF DRIVE	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period
Purpose of Disbursement PRINTING Candidate Name	<div>145.94</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NEWSMAX MEDIA, INC	Transaction ID: SB.45 Date of Disbursement
Mailing Address 560 VILLAGE BLVD, STE 120	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City WEST PALM BEACH State FL Zip Code 33409	Amount of Each Disbursement this Period
Purpose of Disbursement EMAIL LIST RENTAL Candidate Name	<div>13427.10</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

14450.96

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership**A.**Full Name (Last, First, Middle Initial)
NEWSMAX MEDIA, INC

Mailing Address 560 VILLAGE BLVD, STE 120

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement
EMAIL LIST RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	1	0

Amount of Each Disbursement this Period

68388.86

B.Full Name (Last, First, Middle Initial)
POLITICAL INSIDER

Mailing Address PO BOX 25574

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	0

Amount of Each Disbursement this Period

3.07

C.Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.53

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Amount of Each Disbursement this Period

159.70

SUBTOTAL of Disbursements This Page (optional)

68551.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.54

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

159.70

B.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.55

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

159.70

C.

Full Name (Last, First, Middle Initial)
TEA PARTY HD

Mailing Address 5256 S. MISSION ROAD, SUITE 703, B

City BONSALL State CA Zip Code 92003

Purpose of Disbursement
PARTICIPATION IN TEA PARTYHD NATIONWIDE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.59

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3319.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
THE RESIDENCES AT RODNEY SQUARE

Mailing Address 902 N. MARKET STREET

City WILMINGTON State DE Zip Code 19801

Purpose of Disbursement
LODGING EXPENSE - DELAWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.24

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1480.00

B.

Full Name (Last, First, Middle Initial)
TRIANGULATION STRATEGIES, INC

Mailing Address 20 BEEHOLM ROAD ROAD

City WEST REDDING State CT Zip Code 06896

Purpose of Disbursement
FUNDRAISING EMAIL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.50

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
BUSINESS TRAVEL EXPENSE - DELAWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.11

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

229.00

SUBTOTAL of Disbursements This Page (optional)

11709.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
BUSINESS TRAVEL EXPENSE - DELAWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.12

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
BUSINESS TRAVEL EXPENSE - DELAWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.15

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

15.00

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
BUSINESS TRAVEL EXPENSE - DELAWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.16

Date of Disbursement

10 / 03 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) VECTOR SOLUTIONS, INC.	Transaction ID: SB.35 Date of Disbursement
Mailing Address 4132 S. RAINBOW BLVD	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL EXPENSES - CAR RENTAL, FUEL, LODG	<div>9030.77</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WALGREENS	Transaction ID: SB.40 Date of Disbursement
Mailing Address 6485 S. FORT APACHE ROAD	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE COSTS FOR VOLUNTEERS	<div>7.99</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WALMART STORE # 5070	Transaction ID: SB.42 Date of Disbursement
Mailing Address 5200 S. FORT APACHE ROAD	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE SUPPLIES, STAPLERS, FILE	<div>25.92</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9064.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WALMART STORE # 5070</p> <p>Mailing Address 5200 S. FORT APACHE ROAD</p> <p>City LAS VEGAS State NV Zip Code 89148</p> <p>Purpose of Disbursement FOOD & BEVERAGE SUPPLIES, STAPLERS, FILE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.43 Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3.48</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement CHECK CARD REWARDS ORIGINAL FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.20 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>12.50</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement REWARDS ENROLLMENT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.21 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>12.50</div> </p>

SUBTOTAL of Disbursements This Page (optional)

28.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.3 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement BANK CHARGE	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.36 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE TO VIEW DOCUMENT DETAIL ONLINE	<div>3.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.37 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement WIRE TRANSFER FEE TO VECTOR SOLUTIONS	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

33.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.39 Date of Disbursement <div>10 / 08 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>10.00</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement PAYROLL PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.5 Date of Disbursement <div>10 / 01 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>103.75</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement WIRE TRANSFER FEE FOR FUNDRAISING EMAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.51 Date of Disbursement <div>10 / 12 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>20.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

133.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address 4075 S. FORT APACHE

City
LAS VEGAS

State
NV

Zip Code
89147

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.6

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2010

Amount of Each Disbursement this Period

910.29

SUBTOTAL of Disbursements This Page (optional)

910.29

TOTAL This Period (last page this line number only)

149062.25

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Americans for New Leadership		FEC IDENTIFICATION NUMBER ▼ C C00485821	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee INTREPID MEDIA		Date M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 1 0	
Mailing Address 210 MILL BRANCH RD		Amount 4702.00	
City TALLAHASSEE	State FL	Zip Code 32312	Transaction ID: SE.101
Purpose of Expenditure MEDIA AD PRODUCTION AND PLACEMENT		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
239333.53			

(a) SUBTOTAL of Itemized Independent Expenditures	4702.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4702.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
BRENT HUSSON Signature	Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0